PAGE 1 / 12

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than	An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT V	Example: If typing, type over the lines.	12FE4M5
Kidney Care Partne	ers Political Action	n Committee	
ADDRESS (number and stree Check if different than previously reported. (ACC)	PO Box 453 Centeville	nan Drive	VA 20121 -
2. FEC IDENTIFICATION	N NUMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
C C00431924		3. IS THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)(a) Quarterly Reports:April 15	Report Due On:	Feb 20 (M2) May 20 (M Mar 20 (M3) Jun 20 (M6 Apr 20 (M4) Jul 20 (M7	Sep 20 (M9) Sep 20 (M9) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report July 15 Quarterly Report October 15 Quarterly Report X January 31 Year-End Report	ort (Q2) (C) 12-Day PRE-EI Report ort (Q3)		General (12G) Special (12S) in the State of
July 31 Mid-Ye Report (Non-el Year Only) (M' Termination Re (TER)	ection (d) 30-Day POST-I	Election General (30G) for the:	Runoff (30R) Special (30S) in the State of
5. Covering Period	07 01 01	2017 through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examine Type or Print Name of Trea	Murdock, Susan,	ne best of my knowledge and belief it is Renee, ,	true, correct and complete.
Signature of Treasurer	Murdock, Susan, Renee, ,	[Electronically Filed]	Date 03 / D D / Y Y Y Y Y Y Y 2018
NOTE: Submission of false, e	erroneous, or incomplete	information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period: From: 07 01 2017 To: 12 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		18774.21
	(b) Cash on Hand at Beginning of Reporting Period	22558.05	
	(c) Total Receipts (from Line 19)	10250.00	14251.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32808.05	33025.25
7.	Total Disbursements (from Line 31)	17709.70	17926.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15098.35	15098.35
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Kidney Care Partners Political Action Committee

I. Receipts tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period 250.00 0.00	COLUMN B Calendar Year-to-Date
Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized		1750.00
Than Political Committees (i) Itemized (use Schedule A)		1750.00
(i) Itemized (use Schedule A)		1750.00
(ii) Unitemized(iii) TOTAL (add		1750.00
(iii) TOTAL (add	0.00	
(iii) TOTAL (add	45 45	0.00
(,(-)	250.00	1750.00
	0.00	0.00
Political Party Committees	0.00	0.00
Other Political Committees	10000.00	12500.00
· ·	4 4	4 4
	10250.00	14250.00
	0.00	0.00
oans Received	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	49. 49. 45.	4 4
	0.00	0.00
er Federal Receipts	75 75 75	4 4
· ·	0.00	1.04
	45.	4 4
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	(such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	209.70	426.90	
(c) Total Operating Expenditures		420.00	
(add 21(a)(i), (a)(ii), and (b))▶ . Transfers to Affiliated/Other Party	209.70	426.90	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	17500.00	17500.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d))			
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including			
Non-Federal Donations)	0.00	0.00	
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17709.70	17926.90	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	17709.70	17926.90	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 10250.00 14250.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 10250.00 14250.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 209.70 426.90 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 209.70 426.90 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF

						-	• • •	
Use separate schedule(s)	(ch	eck only	or	ne)				
for each category of the Detailed Summary Page	X	11a		11b	11c		12	
		13		14	15		16	17
•								

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kidney Care Partners Political	Action Committee	
Full Name of Individual (Last, First, Middle Cepriano, Cherilyn, T, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12504 Fox View Way		08 11 2017
City Reston	State Zip Code VA 20191	Transaction ID : SA11AI.5001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Kidney Care Council Receipt For:	Occupation (for Individual) President	Memo Item Political Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle 3.	Initial) or Full Organization Name	Date of Receipt
Mailing Address	Chata Tin Code	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	>	250.00
TOTAL This Period (last page this line number	er only)	250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 12 (check only one) 11a 11b			
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action	n Committee				
Full Name of Individual (Last, First, Middle Initial) or DAVITA INC POLITICAL ACTION COMMITTE Mailing Address 601 Hawaii Street		Date of Receipt			
C/O CONGRESSIONAL CONSULTA	NTS	08 09 2017			
City Sta	. '	Transaction ID : SA11C.5002			
El Segundo FEC ID number of contributing federal political committee.	Q 90245 C00340943	Amount of Each Receipt this Period 5000.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Political Contributon			
Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 5000.00				
Full Name of Individual (Last, First, Middle Initial) or FRESENIUS MEDICAL CARE NORTH A		Date of Receipt			
Suite 255					
City Sta Washington Dr	'	Transaction ID : SA11C.4999 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C00401299	5000.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Poliitical Contribution			
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 5000.00				
Full Name of Individual (Last, First, Middle Initial) or	Full Organization Name	-			
Mailing Address		Date of Receipt			
City	ate Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		THIS AREA COLORS AND THE COLORS			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)		10000.00			

TOTAL This Period (last page this line number only).....

10000.00

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	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		OR LINE NUMBER: PAGE 8 OF 12 check only one)					
11	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan									
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action									
<u>/_</u>	Full Name (Last, First, Middle Initial)									
Α.	Bank of America Merchant Service	es .			Date of Disbursement					
	Mailing Address				07 03 2017					
	City	State	Zip Code		FEC Identification Number					
	Purpose of Disbursement Bank Fees - July 2017 Candidate Name			001	C Transaction ID : SB21B.5011					
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General		34.95					
	State: District:		, , , , , , , , , , , , , , , , , , ,		Memo Item					
В.	Full Name (Last, First, Middle Initial) Bank of America Merchant Service	es			Date of Disbursement					
	Mailing Address				08 01 2017					
	City	State	Zip Code		FEC Identification Number					
	Purpose of Disbursement Bank Fees - August 2017		Г	001	C Transaction ID - SPAID 5040					
	Candidate Name			Category/ Type	Transaction ID : SB21B.5012 Amount of Each Disbursement this Period					
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General		34.95 Memo Item					
	Full Name (Last, First, Middle Initial)									
C.	Bank of America Merchant Service	es			Date of Disbursement					
	Mailing Address				09 01 2017					
	City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement Bank Fees - September 2017 Candidate Name				001	Transaction ID : SB21B.5013 Amount of Each Disbursement this Period					
	Office County			Category/ Type						
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General		34.95					
		٠.			Memo Item					

17

SCHEDULE B (FEC Form 3X)	Haa	water askershills ()	FOR LIN	FOR LINE NUMBER:					PAGE 9 OF 12		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one) x 21b 22 23				<u> </u>	¬ 07			
		Summary Page		1b 22 Ba 28		23 28c	2 2		27 30b		
Any information copied from such Departs and Chatere	onte mau -	ot he sold or								ione	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	e and addre	ess of any politic	al committee	erson for to	contri	butions	from	such	committe	90.	
NAME OF COMMITTEE (In Full)											
> Kidney Care Partners Political Action	n Comr	nittee									
/											
Full Name (Last, First, Middle Initial)	_			Date	of D	isburser	ment				
A. Bank of America Merchant Services	5			Date	, OI D	D	_	V	YY	V	
Mailing Address				─	0	02		1	2017	`	
		Γ									
City	tate	Zip Code		FEC	Ident	ification	Num	ber			
Purpose of Disbursement				С		-					
Bank Fees - October 2017			001		Trans	action l	ים י פו	D24 D	5014		
Candidate Name			Category/	Amo					ou14 nt this F	Period	
			Type	\bot \vdash	_		-	_	24.0	-	
Office Sought: House Disbursem		General				7			34.9	i)	
	Primary General Other (specify) ▼				П.						
State: District:	(-1	<i>,</i> , ,			Memo	Item					
Full Name (Last, First, Middle Initial)											
B. Bank of America Merchant Services	S			Date	e of D	isburser	ment				
Mailing Address				M	M	01			Y Y	Y	
Mailing Address					1	01			2017	_	
City	tate	Zip Code		EEC	Idon	ification	Num	hor			
					iuent	meation	ivuiti	nei	-		
Purpose of Disbursement Bank Fees - November 2017			001								
Candidate Name						action I				Santa I	
			Category/ Type	Amo	ount of	⊨acn I	INGSIC	seme	nt this F	eriod	
Office Sought: House Disbursem	ent For:			□ </td <td></td> <td>45. 1</td> <td></td> <td></td> <td>34.9</td> <td>5</td>		45. 1			34.9	5	
	Primary General					7 "		,			
President State: District:	Other (spec	ıty)			Memo	Item					
Full Name (Last, First, Middle Initial)				+-							
C. Bank of America Merchant Services	3			Date	e of D	isburser	ment				
				М	M	D	D /	Υ	YY	Υ	
Mailing Address					2	01			2017		
City	tate	Zip Code									
Oity 5	ıaı c	Zip Code		FEC	Ident	ification	Num	ber			
Purpose of Disbursement				C							
Bank Fees - December 2017			001		Trans	action	ID : S	B21B.	5016		
Candidate Name			Category/	Amo	ount of	Each I	Disbur	seme	nt this F	Period	
Office Sought: House Disbursem	ent For		Type	$+$ Γ					34.9	5	
	Primary	General			_				- 40		
President	Other (spec	ify) ▼			Memo	Item					
State: District:						.,,,,,,,,					
								-	104.0	25	
SUBTOTAL of Disbursements This Page (optional)			······	<u> </u>	_	7		,	104.8	,0	
TOTAL This Period (last page this line number only).									209.7	70	

SCHEDULE B (FEC Form 3X)	Lles concrete cohedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 X 23 26 27
	Detailed Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Kidney Care Partners Political Action	on Committee		
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. BEN CARDIN FOR SENATE			Date of Disbursement
Mailing Address P.O. BOX 21093			09 18 2017
,	State Zip Code		FEC Identification Number
CATONSVILLE Purpose of Disbursement	MD 21228		
Political Contribution		011	C C00411587
Candidate Name		Category/	Transaction ID : SB23.5008 Amount of Each Disbursement this Period
BEN CARDIN FOR SENATE		Type	
	nent For: 2018		5000.00
President	Primary ★ General Other (specify) ▼		Memo Item
State: MD District: 03 Full Name (Last, First, Middle Initial)			
B. BILL NELSON FOR US SENATE			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 972 W WHITMIRE DRIVE			10 16 2017
City S MELBOURNE	State Zip Code FL 32935		FEC Identification Number
Purpose of Disbursement	32935		C C00344051
Political Contribution		011	Transaction ID : SB23.5003
Candidate Name		Category/	Amount of Each Disbursement this Period
BILL NELSON FOR U S SENATE Office Sought: House Disbursem	nent For: 2018	Туре	5000.00
	Primary General		7 7 7
	Other (specify)		Memo Item
State: FL District: 00			I Wellio Relli
Full Name (Last, First, Middle Initial) C. HELLER FOR SENATE			Date of Disbursement
- HELLER FOR SENATE			M M / D D / Y Y Y Y
Mailing Address PO BOX 371907			07 25 2017
City	State Zip Code		FEC Identification Number
LAS VEGAS Purpose of Disbursement	NV 89137		
Political Contribution		011	C C00494229
Candidate Name		Category/	Transaction ID: SB23.5005 Amount of Each Disbursement this Period
HELLER FOR SENATE		Type	5000.00
C	nent For: 2018 Primary General		5000.00
<u>"</u> X	Primary General Other (specify) ▼		Mama ham
State: NV District: 00			Memo Item
SUBTOTAL of Disbursements This Page (optional)			15000.00
TOTAL This Period (last page this line number only).			

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SB23 Transaction ID: SB23.5008

Amending report to reflect correction for the contributon made to Ben Cardin for Senate on September 18, 2017. The \$5000 contribution should be attributed to the General Election for 2018.

Form/Schedule: Transaction ID:

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Kidney Care Partners Political Action Committee Pull Name (Last, First, Middle Initial) A. JASON SMITH FOR CONGRESS Mailing Address PO BOX 1324 City CAPE GIRARDEAU Cardidate Name Category Type Office Sought: I house Disbursement For: 2018 State Disbursement For: 2018 State Date of Disbursement Use President State: Disbursement For: 2018 Mailing Address City Full Name (Last, First, Middle Initial) C. Category Type Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement For: 2018 State: Disbursement For: 2018 Transaction ID: S823.5009 Amount of Each Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement Category Type Office Sought: House Disbursement For: Disbursement Category Type Code FEC Identification Number Category Type Amount of Each Disbursement this Period Office Sought: Mailing Address City State: District: District: Field Name Category Type Code FEC Identification Number Category Type Amount of Each Disbursement this Period Office Sought: Mailing Address City State: District: District: District: District: District: District: Amount of Each Disbursement this Period Office Sought: Mamo Item Mamo Item SubtotAL of Disbursement this Period Mamo Item SubtotAL of Disbursement This Page (optional)	SCHEDULE B (FEC Form 3X)					PAGE 12 OF 12		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of rot commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) A. JASON SMITH FOR CONGRESS Mailing Address PO BOX 1324 City State President Category Purpose of Diabursement President State President Category Purpose of Diabursement Candidate Name Category Purpose of Diabursement Candidate Name Category District: Senate President District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Diabursement Category Purpose of Diabursement Category District: Category District: Category District: Category District: Full Name (Last, First, Middle Initial) C. Category District: Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Full Name (Last, First, Middle Initial) C. Category District: Mailing Address City Senate District: Senate District: District: Senate District: District: Senate District: Amount of Each Disbursement in Period District: Memo liter Category District: Memo liter Category District: Memo liter Category District: Memo liter Category District: Amount of Each Disbursement in Period District: Memo liter Category District: Amount o	ITEMIZED DISBURSEMENTS			· ·		□ 26 □ 27		
or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Pull) Kidney Care Partners Political Action Committee Full Name (i.ast, First, Middle Initial) A JASON SMITH FOR CONGRESS Mailing Address PO BOX 1324 City State MO 63702 Purpose of Disbursement Port Condidate Name Full Name (i.ast, First, Middle Initial) B. Full Name (i.ast, First, Middle Initial) Mailing Address City State Zip Code FEC Identification Number C Co0541862 Transaction 0: S823.509 Amount of Each Disbursement this Period JASON SMITH FOR CONGRES Office Sought: Note of Disbursement For: 2018 State: MO District: 08 Full Name (i.ast, First, Middle Initial) B. Full Name (i.ast, First, Middle Initial) Candidate Name Office Sought: Purpose of Disbursement Candidate Name Office Sought: Saate Disbursement For: Category/ Type District: Saate Disbursement Candidate Name City State Zip Code FEC Identification Number FEC Identification Number C Annount of Each Disbursement this Period Type Date of Disbursement this Period Type FEC Identification Number FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type FEC Identification Number C Annount of Each Disbursement this Period Type Ty								
or for commercial purposes, other than using the name and address of any political committee of the purpose of Disbursement Political Action Committee Full Name (Last, First, Middle Initial) A JASON SMITH FOR CONGRESS Mailing Address PO BOX 1324 City State Mo Egrander Purpose of Disbursement Port Condidate Name Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) Gandidate Name City State Zip Code Full Name (Last, First, Middle Initial) Full N	Any information copied from such Reports and Statem	i nents may n	ot be sold or use	ed by any pers	on for the purpose	of soliciting contributions		
Kidney Care Partners Political Action Committee	or for commercial purposes, other than using the nam	e and addre	ess of any politic	al committee to	solicit contribution	s from such committee.		
Full Name (Last, First, Middle Initial) A JASON SMITH FOR CONGRESS Mailing Address PO BOX 1324 City CAPE GIRARDEAU City CAPE GIRARDEAU Disbursement Potitical Contributor Candidate Name JASON SMITH FOR CONGRESS Office Sought: Visual Senate Senate President State: Disbursement For: 2018 Senate President Category' Type Office Sought: House Office Sought: House Purpose of Disbursement Candidate Name Category' Type Office Sought: House Disbursement For: Senate President State: Disbursement For: Senate President Disbursement For: Senate President State: Disbursement Category' Type Office Sought: House Senate President Disbursement Category' Type Office Sought: House Disbursement For: Senate President State: Disbursement Category' Type Office Sought: House President Disbursement Category' Type Office Sought: House President Disbursement Category' Type Memo Item FEC Identification Number Category' Type Amount of Each Disbursement this Period FEC Identification Number Category' Type Amount of Each Disbursement Category' Type Date of Disbursement Category' Type Memo Item Subtrotal of Disbursement this Period Memo Item Subtrotal of Disbursement this Period Memo Item Subtrotal of Disbursement This Page (optional) Memo Item Subtrotal of Disbursement This Page (optional) Memo Item Subtrotal of Disbursement This Page (optional) Memo Item			-144					
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